

**NATIONAL CAPITAL AREA GARDEN CLUBS INC  
APPLICATION for STATE AWARDS**

(Type or print all information.)

**DATE OF APPLICATION:** \_\_\_\_\_ **PROJECT COST** \_\_\_\_\_

**AWARD NUMBER** \_\_\_\_\_ **AWARD. NAME** \_\_\_\_\_

**NAME OF PROJECT or ACTIVITY** \_\_\_\_\_

**CLUB. CLUBS. INDIVIDUAL or ORGANIZATION** \_\_\_\_\_

**DISTRICT** \_\_\_\_\_

**NUMBER OF CLUB MEMBERS** \_\_\_\_\_ **NUMBER of MEMBERS PARTICIPATING** \_\_\_\_\_

**CLUB PRESIDENT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PERSON COMPLETING THIS FORM** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_  
**DESCRIPTION** Briefly describe project and its cost reserving detailed information for Book of Evidence. Please indicate size of club, city, and project, noting number of members participating. Submit financial statement within Book of Evidence.